

## **CCMH FOUNDATION**

Clay County Memorial Hospital 310 West South Street Henrietta, Tx 76365

022323 Invoice # Invoice date: 2/23/2023 Check Date: 2/28/2023

## Pay Period 02/5/2023 thru 02/18/2023

Gross Wages Accrual FICA SUI Workmen's Comp Employee Benefits 401(k) contribution Administration Fee	175,242.72 2,000.00 12,890.96 1,361.54 24,743.54 2,589.11 5,257.28
Sub-Total	224,085.15
Mileage Reimbursements New Employee Setup Fee Credit-Air Evac Credit-Patient Account Credit-Clinic Account Credit-Dietary Credit-Scrubs	- 471.83 - - (682.50) - (932.00)

	Total Invoice:	222,942.48
1	Net pay to First Capital Bank	131,029.02
2	Balance To Legend Bank	91,913.46

Laura Lee Brock, CPA 02.24.2023